

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 11/05/2018
NAME OF PROVIDER OR SUPPLIER NHC PLACE AT THE TRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 8353 HIGHWAY 100 NASHVILLE, TN 37221		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 11/05/2018 for the previous deficiencies cited on 09/17/2018. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

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N 000	Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 09/017/2018. During this Life Safety Survey, NHC Place at The Trace was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 09/17/2018 at 11:28 AM, revealed a 55 gallon drum used as the hydraulic fluid overflow for the #3 and 4 elevators installed in the therapy storage closet without the protection of 1 hour fire enclosure including 1 hour fire resistive walls, and door. NFPA 101, 4.6.12.2 (2012 Edition) NFPA 101, 18.3.2.1 (2012 Edition) NFPA 101, 8.7.3.1 (2012 Edition) NFPA 30, 9.9.1 (2012 Edition) NFPA 30, 9.9.2 (2012	N 831	<i>Please see attached Plan of Correction.</i>	<i>10/12/18</i>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

10/3/18

Division of Health Care Facilities

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N 831	Continued From page 1 Edition) 2. Observation on 09/17/2018 at 11:38 AM, revealed 69 "E" sized oxygen cylinders stored in the storage room by room 1408 without the protection of 1 hour fire enclosure including 1 hour fire resistive walls, and door. NFPA 101, 4.6.12.2 (2012 Edition) NFPA 101, 18.3.2.1 (2012 Edition) Maintenance staff was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference on 09/17/2018.	N 831		

N 831 – Building Standards

1. The 55-gallon drum stores water and does not store flammable materials so does not require the 1 hour fire enclosure including 1 hour fire resistive walls and door.

2. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

All "E" sized oxygen cylinders stored in storage room by room 1408 will be moved to new oxygen storage room on Station 1 next to soiled linen room. This new oxygen storage room has the protection of 1 hour fire resistive walls and door.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Maintenance staff will ensure no "E" sized oxygen cylinders will be stored in any storage room except for the new designated oxygen storage room on Station 1 next to soiled linen room.

What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

Maintenance, housekeeping, and nursing staff will be in-serviced on proper "E" sized oxygen storage procedures to be stored in new oxygen storage room with the protection of 1 hour fire resistive walls and door by 10/05/18.

How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?

Maintenance will continue monitoring all storage rooms to ensure no "E" sized oxygen cylinders are stored in proper oxygen storage room with the protection of 1 hour fire resistive walls and door.

Completion Date: 10/12/18

A handwritten signature in black ink, appearing to be 'JPH' or similar, located below the completion date.